Effective December 29, 1999

Application or Docket Number

Ellective December 29, 1999										:O (0 1	0 . [D
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY			THAN
F	OR		NUMBER FILED			NUMBER EXTRA					OR		ENTITY
B	ASIC FEE								RATE	FEE	-	RATE	FEE
 	·	-								345.00	OR		690.00
 -	OTAL CLAIMS		3	minus	 -			↓ 	X\$ 9=		OR	X\$18=	
independent claims minus 3 = * MULTIPLE DEPENDENT CLAIM PRESENT] [X39=		OR	X78=	
_											OR	+260=	
²	^a If the difference in column 1 is less than zero, enter "0" in column 2									ı	OR	TOTAL	690
		S AS A	MENDE			1	.	OTHER	THAN				
96 00 (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	SMALL	
MENDMENT A		REM AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADÖI- TIONAL FEE
END	Total	- 3	<u> </u>	Minus	**	20	= 6	1 [X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	NTATIO	N OF MI	Minus	PENE	3 ENT CLAIM			X39=		OR	X78=	
eruna muni	de Antonio Van Marianter promiter a anticipa					LIVI OLANIVI		J [+130=		ÖR	+260=	
7	1,11			•				Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
6	16/01	·	ımn 1)			olumn 2)	(Column 3)				-		
AMENDMENT B		REM.	AIMS AINING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	5		Minus	**	20	= 🔿		X\$ 9=		OR	X\$18=	
AM	Independent FIRST PRESE	NTATIO	N OF ML	Minus ILTIPLE DEF	END	3 ENT CLAIM			X39=		OR	X78=	
						-	ン	' [+130=		OR	+260=	
<u>_</u>	11		•					A.C	TOTAL		OR ,	TOTAL	
. S	/25/07	THE RESERVE AND POST OF THE PERSON NAMED IN	mn 1)		_(C	olumn 2)	(Column 3)	AL	DDIT. FEE		, - · · ;	NDDIT. FEEI	
AMENDMENTC		REM/ AF	VIMS VINING TER DMENT		i N PR	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Š	Total	۶ .	<u> </u>	Minus	**	20	=		X\$ 9=		م ا	X\$18=	FEE
AKE	Independent	-	/ I	Minus	***	3.	=	-	X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	∧/0= ————————————————————————————————————	
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT FEE													
The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN													
			(Column 1)			(Column 2)			TYPE		OR	SMALL	1
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA			RATE	FEE	1 1	RATE	FEE
ВА	SIC FEE									345.00	OR		690.00
ТО	TAL CLAIMS		3	minus :	20= '	•	•		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS minus 3 =						•			X39=	· · · · · · · · · · · · · · · · · · ·	OR	X78≔	
MULTIPLE DEPENDENT CLAIM PRESENT									⊦130 =		OR	+260=	
" If the difference in column 1 is less than zero, enter "0" in column 2									OTAL	t t	OR	TOTAL	590
	1 C	S AS A	MENDED		į		J	OTHER	THAN				
9	23/07	- S	MALL	ENTITY	OR	SMALL E							
MENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	ı	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	·10		Minus **		20	=	,	X\$ 9=		OR	X\$18=	
M	independent	1.5		Minus .		3	= 2-		X39=		OR	X78=	103
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1	-130=		ÖR	+260=	V
				_	TOTAL		OR	TOTAL	158				
10	1/22 HI	10-1	دنه ــــــ	•	ADI	DIT. FEE		911	ADDIT. FEE	حمور			
	100 100 1	umn 1) AIMS	THE PROPERTY						-				
AMENOMENTE		AF	AINING FTER IDMENT		PRI	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	addi- Tional Fee
NO	Total	• <	<u> </u>	Minus	•• 6	20	=	>	(\$ 9=		OR	X\$18=	
AME	Independent	·		Minus	•••	5	=	;	X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
							ン	L	130=	4,400,1147	OR	+260≔	
			•					ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT: FEE	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		REM ·AF	AIMS AINING TER IDMENT		PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Z Z Z	Total	•		Minus	••		=	\ \ \ \ \	(\$ 9=		OR	X\$18=	-
AME	Independent			Minus ***			=	;	K39=		OR	X78≔	-
ر فن الد	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								130=		OR	+260=	
	f the entry in colu	mn 1 is l	ess than th	e entry in colu	imn 2, v	write "0" in co	lumn 3.	_ L _	TOTAL		OR	TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													